2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-25-2005 90043 043 ****50.00

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07102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000084178

1. Entity Name
PERSONAL MANAGEMENT GROUP, LLC

Principal Place of Business	Mailing Address
3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205	3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205

2. Principal Place of Business	3. Mailing Address
3712 ST. Johns Ave	As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32205 Country: USA	Zip Country

4. FEI Number: 20-2076057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOESER, DAVID R
3712 ST. JOHNS AVE.
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOESER, DAVID R 3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGR. 7/22/05 904-389-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

Personal Management Group, LLC L64000084498

36010812

Div of Corporations
PO Box 6478
Tallahassee, FL 32314

Re incorrect FEI Number

Dear Sir/Madame,

The number has been corrected on the copy that you sent to me. The initial "0" was incorrectly inserted.

David R. Loeser, Managing Member
Personal Management Group, LLC

3712 St. Johns Avenue
Jacksonville, FL 32205